

# 2022 Greenbelt Day Camp Registration Form

This form must be completed in full for each participant to be registered.

## 1. PARTICIPANT INFORMATION

Participant Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Parent/Guardian Email Address(es): \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
School attended this year: \_\_\_\_\_

## 2. HEALTH INFORMATION

Primary Care/Clinic Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please explain:	
Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, please explain:	

### Participant requires medication during camp?

☐ YES ☐ NO \* If yes, signed medication authorization form required prior to the first day of camp!

### Participant requires emergency medication at camp?

☐ YES ☐ NO \* If yes, signed medication authorization form required prior to the first day of camp!

If yes, please explain. (i.e. inhaler, epi-pen, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please attach any additional information if needed.*

Participant requires or would benefit from inclusion support at camp?

☐ YES ☐ NO \* If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please provide any additional information you would like to share:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Immunization Information: (Please Note)

- Is this participant exempt from immunization for religious or medical reasons? ☐ YES ☐ No If yes, the Maryland Department of Health Immunization Certificate must be completed and attached to this form. Program Staff can provide you with this form.
- A participant who does **NOT** reside within the United States, a United States territory or the District of Columbia must provide proof of immunization (MDH-896).

**IMPORTANT REMINDER:** Campers may not be admitted to camp until all required forms are signed and submitted. No exceptions. Our camps are licensed by the Maryland State Department of Health and are legally required to comply with safety standards for the benefit of all children in our camp programs.

A **Medication Authorization Form** is required in advance for any medication (including non-prescription) distributed at the program. A **Medication Authorization Form for Epi Pens, Inhalers and Insulin Pumps** is required in advance for any medical device/procedure used at the program.

**FORM CONTNUES ON BACK**

### 3. PARTICIPANT RELEASE AUTHORIZATION (OTHER THAN PARENT OR GUARDIAN ON PREVIOUS PAGE)

Greenbelt Recreation is authorized to release my Child,

Name

Phone Number

Relationship

Participant's Name:

to the following individuals who may pick up my child from Camp. I understand that each authorized person must be at least sixteen (16) years old, and my child will not be permitted to leave the camp with anyone not listed at the right. All authorized individuals will be required to show identification and sign the child out each day. My child may be released to the following people: \*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

#### Departure Procedure:

Please notify your child's camp when one of the above people will be picking up your child.

\*If you wish for your child to sign himself/herself out, please complete the camp sign-in/sign-out release permission form and return it to the camp office.

### 4. LATE PICK UP POLICY

A late fee will be assessed for participants who are not picked up by the program's scheduled closing time. The Greenbelt Recreation Department's Policy is \$1 per minute in 5-minute increments.

We understand that emergencies do arise and request that parents call the camp's office if they are delayed. However, late charges may still be assessed. Payment is due by 4:30pm the next business day.

**Thank you for your cooperation in ensuring your participant is picked up from the program on time.**

### 5. ACTIVITY/PROGRAM FIELD TRIP LIABILITY RELEASE/AUTHORIZATION

I hereby give permission for the applicant to participate in all program activities, including field trips in approved vehicles and agree to release the City of Greenbelt and the Greenbelt Recreation Department, its officers, employees, and agents, from all liability arising from any harm or injury incurred by the participation of my child in the summer day camp program.

### 6. PHOTOGRAPHY/VIDEO RELEASE

I agree that photographs and video footage may be taken of participants during program activities for use in City of Greenbelt publications, cablecasts, and social media, as well as for the production of camp show keepsake videos, which may be ordered through the Recreation Department business offices.

### 7. MEDICAL CARE/HOSPITAL TREATMENT RELEASE

By way of copy of this form, I authorize the staff of The City of Greenbelt and the Greenbelt Recreation Department to obtain medical/hospital treatment for the above participant in the event of an emergency

I hereby represent and warrant that if the participant is a minor, I am his/her parent or guardian and am authorized to provide the releases, authorizations, and permissions as stated below.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
PRINT NAME OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE



**25 Crescent Road, Greenbelt, MD 20770**  
**Business Office: (301)397-2200**  
**Fax: (301)397-2203**

**Camper's Name:** \_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_

Please take a moment to fill out the front and back of this form to assure that your child is registered in the proper camp and session. Refer to the Camp Brochure for the correct registration number and session. For those needing Before Care and/or After Care until 6:00pm, please place an "X" in the appropriate box. If you would like to register for a full day of Creative Kids Camp, please choose your preferred Afternoon Art Adventure on the next page.

Please total your fees at the bottom of the table and choose your payment option. A \$50 deposit for each session of camp is due at the time of registration. Each session's payment is due in full ten days prior to the start of each session.

**SESSIONS**

Summer Session 1  
 Summer Session 2  
 Summer Session 3  
 Summer Session 4

**PAYMENT DUE DATES**

Friday, June 17, 2022/4:30pm  
 Friday, July 01, 2022/4:30pm  
 Friday, July 15, 2022/4:30pm  
 Friday, July 29, 2022/4:30pm

CAMP NAME	SESSION	BEFORE CARE 7:30am - Start of Camp Day	AFTER CARE 3:30pm – 6:00pm
<i>Example: Camp Pine Tree I</i>	336503-1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**TO REGISTER FOR AFTERNOON ART ADVENTURE (CKC ONLY), TURN THE PAGE OVER.**

## AFTERNOON ART ADVENTURES (Creative Kids Camp Only)

See pages 12 & 13 for class descriptions and activity numbers. Priority registration will be given to campers who are enrolled concurrently in the Morning Mix (Creative Kids Camp). Requests to participate in an Afternoon Art Adventure as a stand-alone option may be accommodated on a space-available basis.

RANK YOUR CHOICES	Afternoon Art Adventures 1:15 pm – 3:15 pm			
	Please enter the names and activity numbers of ALL classes which would be of interest to you, in order of preference. Each camper will be enrolled in ONE class per session, based on availability; classes meet daily.			
	Session 1	Session 2	Session 3	Session 4
<i>First Choice (Example)</i>	<i>Just Dance 334217-1</i>			
First Choice				
Second Choice				
Third Choice				
Fourth Choice				
Fifth Choice				
Sixth Choice				

COMPLETE THE FINANCIAL INFORMATION ON THE NEXT PAGE

## FINANCIAL INFORMATION

**PLEASE NOTE:** A \$50.00 Non-Refundable, Non-Transferable deposit, per child, per session is required at the time of registration. Registrations will not be processed until all paperwork is complete and the appropriate payments have been submitted.

### PAYMENTS DUE

			<b>TOTAL</b>
<b>Number of Camp Sessions</b>		<b>X \$50</b>	
<b>Kids to Camp Fund</b> (optional donation)			
<b>Total Due at Registration:</b>			

### CREDIT CARD INFORMATION:

If you prefer, you may phone this information in, however, a signature is required.

**Name on Card:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Type of Card:** \_\_\_\_\_

**Card Number:** \_\_\_\_\_

**CVV#:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

☐ **YES! I would like to have my credit card charged for the remaining balance due for each session, on the due date. Initials:** \_\_\_\_\_

### FOR ADMINISTRATIVE USE ONLY:

**Registration Received by:** \_\_\_\_\_

**Date Received:** \_\_\_\_\_

**Amount Received:** \_\_\_\_\_

☐ **CASH**    ☐ **CREDIT**    ☐ **CHECK**

### VERIFY:

☐ **License**

☐ **Lease**

☐ **MVA Change of Address Card**

## PARTICIPANT PROFILE FOR TEACHERS, MANAGERS AND STAFF

Profiles are reviewed by staff and help them to better serve your child. Please take the time to complete.

<b>Child's Name:</b>	<b>Date:</b>
<b>Child's Preferred Name:</b>	<b>Age:</b>
<b>Parent/Guardian:</b>	
<b>Camp:</b>	
<b>Child's likes and dislikes:</b>	
<b>My child enjoys these physical activities:</b>	
<b>My child has difficulty with these activities:</b>	
<b>Things my child may need help with:</b>	
<b>Fears and concerns of the participant:</b>	
<b>Current medications:</b>	
<b>Any change in daily medication of the last six months:</b>	
<b>Specific behavioral concerns:</b>	
<b>Triggers of the specific behavioral concerns:</b>	
<b>What behavioral techniques have been successful that can be maintained during programs?</b>	
<b>Are any special accommodations needed to give your child a positive learning experience during the program?</b>	
<b>Is there any other additional information that would help to ensure that your child is successful during the program?</b>	
<b><i>If there is any confidential information you don't want to include on this form but feel it is important to share with us, please contact Rebekah Sutfin, Therapeutic Recreation Supervisor (Senior &amp; Inclusion Programs) at 240-542-2056.</i></b>	

***Greenbelt Recreation - Maintaining a Safe, Fun, and Enriching Environment.***

# MEDICATION ADMINISTRATION AUTHORIZATION FORM

For Youth Camps in Maryland

Maryland Department of Health  
Consumer Health and Safety  
(410) 767-8417 Toll Free 1-877-4MD-DHMH ext. 8417

This form must be completed fully in order for youth camp operators and staff members to administer the required medication or for the camper to self-administer medication. A new medication administration form must be completed at the beginning of each camp season, and each time there is a change in dosage or time of administration of a medication.

- ☐ Prescription medication must be in a container labeled by the pharmacist or prescriber.
- ☐ Nonprescription medication must be in the original container with the instructions for use. Nonprescription medication includes vitamins, homeopathic, and herbal medicines.
- ☐ An adult must bring the medication to the camp and give the medication to an adult staff member.

## I. PRESCRIBER'S AUTHORIZATION

CHILD'S NAME			DATE OF BIRTH ____/____/____	
1 MEDICATION NAME	DOSE	ROUTE	TIME/FREQUENCY OF ADMINISTRATION	SIDE EFFECTS
CONDITION BEING TREATED/PRN PARAMETERS			EMERGENCY MEDICATION [ ] YES <b>-If yes, see Section III below.</b> [ ] NO	
2 MEDICATION NAME	DOSE	ROUTE	TIME/FREQUENCY OF ADMINISTRATION	SIDE EFFECTS
CONDITION BEING TREATED/PRN PARAMETERS			EMERGENCY MEDICATION [ ] YES <b>-If yes, see Section III below.</b> [ ] NO	
3 MEDICATION NAME	DOSE	ROUTE	TIME/FREQUENCY OF ADMINISTRATION	SIDE EFFECTS
CONDITION BEING TREATED/PRN PARAMETERS			EMERGENCY MEDICATION [ ] YES <b>-If yes, see Section III below.</b> [ ] NO	
MEDICATION SHALL BE ADMINISTERED during the year in which this form is dated below unless more restrictive dates are specified. This authorization is <b>NOT TO EXCEED 1 YEAR.</b>		FROM ____/____/____ Month Day Year		TO ____/____/____ Month Day Year
PRESCRIBER'S NAME/TITLE			This space may be used for the Prescriber's Address Stamp	
TELEPHONE	FAX			
ADDRESS				
CITY	STATE	ZIP CODE		
PRESCRIBER'S SIGNATURE ( <i>Parent/guardian cannot sign here</i> ) <small>(ORIGINAL SIGNATURE OR SIGNATURE STAMP ONLY)</small>			DATE	

## II. PARENT/GUARDIAN AUTHORIZATION

I request the authorized youth camp operator, staff member or volunteer to supervise the camper in self-administration as prescribed by the above authorized prescriber. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period, an authorized individual, which may include the child, must pick up the medication, otherwise it will be discarded. I authorize camp personnel and the authorized prescriber indicated on this form to communicate in compliance with HIPAA.

PARENT/GUARDIAN SIGNATURE	DATE	INDIVIDUAL(S) AUTHORIZED TO PICK UP MEDICATION
HOME PHONE #	CELL PHONE #	WORK PHONE #

## III. EMERGENCY MEDICATION

Camp Staff will be responsible for carrying emergency medication during the camp day. Medication will be stored in a secured space over night. Participants requiring emergency medication must maintain a non-expired supply of the emergency medication at the camp facility while enrolled in camp. Participants may not be admitted to camp without the signed medication administration (forms) and the prescribed medication(s).

\*Edited for Greenbelt Recreation Department Camps 2022